The Washington Court and Recovery Enhancement System (WA-CARES)

Notice of Grant Award

The Washington State Department of Social and Health Services Division of Behavioral Health and Recovery (DBHR), the Administrative Office of the Courts (AOC), and nine independent, county-level drug courts[1] have agreed to collaborate in the development and implementation of the Washington Court and Recovery Enhancement System (WA-CARES). A grant application was submitted in February of 2010, and was awarded to DBHR under a funding partnership between the United States Department of Justice, Office of Justice Programs, Bureau of Justice Assistance (BJA), and the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (CSAT). The grant is for three years at $425,000 per year.

The Division of Behavioral Health and Recovery will:

- Serve as the project officer and fiscal agent;
- Complete project status reports for BJA and CSAT;
- Coordinate with AOC on the piloting and implementation of the Drug Court Case Management (DCCM) system;
- Serve as the central point of contact with the county coordinators, substance abuse treatment agencies, and recovery support service (RSS) providers;
- Coordinate recovery support services training and outreach to engage new RSS providers; and,
- Contract with the DCCM developer, Office of Research and Data Analysis (within DSHS) as the evaluator, and project consultants.

The Administrative Office of the Courts will:

- Support the implementation of DCCM;
- Coordinate DCCM training, as well as drug court training and outreach to stakeholders;
- Serve as the central point of contact for courts as they implement the DCCM;
- Collaborate with the drug court consultants; and,
- Ensure evaluation and performance monitoring occur according to the BJA grant requirements.

The Local Courts will:

- Implement DCCM to improve case management;
- Coordinate with treatment and RSS providers to use DCCM; and,
- Strengthen communication and information sharing between court and treatment personnel.

Project Overview

The grant project addresses a critical need for improved, cross-system coordination for drug courts and for better recovery support services for high-risk clients who access

[1] Clallam, Island, Jefferson, Lewis, Mason, Okanogan, Pierce, Skagit, and Thurston

chemical dependency treatment through the drug court system. The goals of the project are to:

1. Pilot and implement an automated drug court case management/data collection system.
2. Provide evidence-based recovery support services to clients in selected drug courts.
3. Promote and engage in trainings with justice professionals, treatment providers, and key stakeholders regarding the drug court model and recovery support services model.
4. Conduct process and outcome evaluations.

The WA-CARES project will be a partnership between DBHR, the AOC, and nine drug courts. Additional partners will include the human services office in participating counties, alcohol and drug treatment agencies, the Washington State Office of Research and Data Analysis (within DSHS), and consultants from Washington State University and NPC Research in Portland, Oregon.

The primary project activity will be the piloting and implementation of an automated drug court case management system in the nine drug courts who submitted letters of commitment in the grant development phase.

The Drug Court Case Management (DCCM) system, developed by Advanced Computer Technologies (ACT; www.actinnovations.com), is a comprehensive system that supports informed decision-making. The system provides the ability to share information, capture demographic data, and monitor program outcomes to enable judicial, treatment, and administrative professionals to collaborate, either statewide or within individual courts. DCCM collects information through a web-based interface, stores the data in a centralized database server, and maintains all records in compliance with 42 CFR. The system processes individual cases from screening through intake, as well as from graduation through continuing care, thus allowing targeted treatment solutions. A complete picture of the client's life circumstances allows professionals involved in the case to make informed decisions that keep the clients on the path to recovery. Currently, seven states have successfully implemented and use the system. DCCM collects the case-level information and provides a set of integrated tools for ongoing case management. The functionality of the DCCM for comprehensive case management makes the system appealing to drug courts and treatment providers.

With built-in reports, each court can evaluate the effects of court actions and program changes. In addition to informing local operations, the system will allow comparisons across courts. The system has an easy data extraction process that allows state program managers to link local data with state administrative data for further analyses. The state will then be able to report on multi-court system performance and identify processes that improve effectiveness.

AOC will be responsible for the implementation and training for the new case management system. AOC will hire a part time project coordinator to organize DCCM trainings, develop a DCCM manual, serve as the single point of contact between courts and ACT, and travel to each participating court to provide technical assistance during and after implementation. While DBHR will contract with ACT for the purchase of the

software and subsidize the first year implementation costs through grant funding, each court has agreed to contribute the annual license fee of $3,000 per year for a required cash match. Requiring the cash contribution ensures sustainability of the system past the end of the grant period.

Relevance to JISC

The JIS system was not designed to address the drug courts' unique case management needs. The DCCM will provide the essential case management functions to the local courts while providing state project managers a standard set of data elements upon which to build performance measures and compare progress.